State of West Virginia Campaign Financial Statement 4-15-19 He SH (Long Form) in Relation to 2019 Election Year

Beginning in 2018, all	candidates that	file Campaign Finance rep	orts with the Secretary of State must file	e electronically.
W. Va. Code §3-8-5b		Pon	Oulaney Jr.	
Committee or Cand				
Office Sought: (if app		organtown City Co	uncil District/Circuit: (if applicable)	
Committee's Treasu	urer: Timot	thy A. Mashburn		
Treasurer's Mailing	Address:	843 Ridgeway A	ve., Morgantown WV 2650	5
Treasurer's Daytime	e Phone:	772-713-0826		
FIRST-PRIMARY Due last Saturday in Marcor within 6 days thereafter FIRST-GENERAL Due 43 days preceding generation of business days the	er.	PLEASE SELECT PRE-PRIMARY Due 15 days preceding or within 4 business of PRE-GENERAL Due 15 days preceding or within 4 business of PRE-GENERAL	days thereafter. or within 20 POST-GENER Due 13 days to swithin 20	following primary election ousiness days thereafter.
ANNUAL REPORT Due in calendar you Due last Saturday in March days thereafter.		FINAL REPORT Zero balance require Dissolution (Form F-6	d PAC must file Must also che reporting per	EPORT - eck box of appropriate iod.
		REPORT T		
RECEIPTS OF I	FUNDS	Totals for this Period	CASH BALANCE	SUMMARY
Contributions	(Page 3)	200	Beginning Balance (ending balance from previous report)	85.90
Monetary Contributions Fund-Raising Events	s from all (Page 4)	-	Total Monetary Contributions	+ 200
Receipt of a Transfer of Funds	Excess (Page 8)	-	Total Other Income	+
Total Monetary Contrib	utions =	•		
In-Kind Contributions	(Page 5)		Subtotal a.	= 285.90
Total Contributions		200		7 //N 00
	(2 5)		Total Expenditures (Page 7) Total Disbursements of	248.92
Other Income	(Page 5)		Excess Funds (Page 8)	+
Loans Received	(Page 6)	•	Repayment of Loans (Page 6)	+
Total Other Income:	=	1	Subtotal b.	= 248.92
OUTSTA	NDING LOANS	& DERTS		
Unpaid Bills	(Page 9)		Ending Balance (Subtotal a Subtotal b.)	= 36.98
		DN YEAR-TO-DATE	TOTAL EXPENDITURES ELEC	
(Add total co	entributions from	n all reports)	248.9	70
	2 00	L L		

Pa	ge	2
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Contributions of \$250 or Less

	Check if additional pag
ل	have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
4/5/19	Ron Dulaney Jr.	200
		,
		3
IAKE COPIES OF	Tuic	
AGE AS NEEDED	Subtotal of contributors of \$250 or less	200

CONTRIBUTIONS OF MORE THAN \$250

Check if additional pa
 have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	AMOUNT
	Full Name:	
	Address: residential and mailing (if different)	
	Contributor's occupation :(individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: residential and mailing (if different)	
	Contributor's occupation :(individual contributor only)	10
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: residential and mailing (if different)	
	Contributor's occupation :(individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: residential and mailing (if different)	
	Contributor's occupation :(individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: residential and mailing (if different)	
	Contributor's occupation :(individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	

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Subtotal of all contributions of more than \$250

Subtotal of all contributions of \$250 or less (from page 2)

200

TOTAL CONTRIBUTIONS

200

P	a	g	e	7
-	404	200	400	-

ITEMIZED EXPENDITURES

3	Check if additional pages
J	have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
2/28/19	United Bank MORGANTOWN DANCE & BALLET	Account Fires	50
3/1/19	MORGANTOWN DANCE & BALLET	1/4 PAGE AD	80
3/3//19	Avery	ROUND LABELS	60.21
3/31/19	VISTA PRINT	BUSINESS CARDS	58.7/
	·		
		A	
		v	

Total Expenditures: 248.92

UNPAID BILLS

Check if additional pages
have been attached.

Received By:

Date	Owed to Whom	Purpose	Amount			
	Total Unpaid Bills:					
	OATH/AFFIRM	IATION				
1	IMOTHY A. MASHBURN , SWE	ar or affirm that the attached s	tatement is			
true an	d accurate, to the best of my knowledge, for all fin	ancial transactions occurring w				
period covered by this statement, as required by West Virginia Code §3-8-5a.						
Signature of Candidate, Financial Agent or Treasurer						
-		Date Apr /	4,20,19			
		Offi	ce Use Only			
		1				